

Application Data Sheet

Application Information

Application number::
Filing Date:: 12/30/2003
Application Type:: Regular
Subject Matter:: Utility
Title:: ARTICULATING ARM FOR MEDICAL
PROCEDURES
Attorney Docket Number:: 021356-000600US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 5
Small Entity?: Yes
Petition included?: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: JENS
Middle Name:: U.
Family Name:: QUISTGAARD
City of Residence:: Seattle
State or Province of Residence:: WA
Street of Mailing Address:: 4716 NE 187th Pl.
City of Mailing Address:: Seattle
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98155

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity

Given Name:: TIM
Family Name:: ETCHELLS
City of Residence:: Bothell
State or Province of Residence:: WA
Street of Mailing Address:: 424 240th Str. S.E.
City of Mailing Address:: Bothell
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98021

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: GREGORY
Middle Name:: PAUL
Family Name:: DARLINGTON
City of Residence:: Snohomoish
State or Province of Residence:: WA
Street of Mailing Address:: 7713 Interurban Blvd.
City of Mailing Address:: Snohomoish
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98296-5332

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CHARLES
Middle Name:: S.
Family Name:: DESILETS
City of Residence:: Edmonds
State or Province of Residence:: WA
Street of Mailing Address:: 23616 Edmonds Way, #G
City of Mailing Address:: Edmonds
State or Province of mailing address:: WA
Postal or Zip Code of mailing address:: 98026

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Assignee Information

Assignee Name:: LIPOSONIX, INC.

Street of mailing address:: P.O. Box 1676

City of mailing address:: Bothell

State or Province of mailing address:: WA

Postal or Zip Code of mailing address:: 98041-1676